HURST TEXAS HURST ANIMAL SERVICES

ADOPTION AGREEMENT

Adopter's Name:		Date:		
Address:		City:	State:	Zip:
Home Phone #:		Work Phone:		
Driver's License #:		Expiration:	DOB:	
		Color:		
Sex:	Age: Animal ID#:			
loaned, leased, or othe returned to the Hurst	erwise disposed of Animal Shelter. ed with adequate	ed, as a companion animal and animal animal and animal animal care as needed.	ep the above pe	et it may be
It is highly recommend	ded that this pet b	e taken promptly to a veter	inarian for a ph	ysical examination.
	ceive a full refund.	animal to the animal shelt If the animal is returned a		
nature, disposition, or of this animal once it i	health of this anir s in my possession	urst Animal Shelter has mad mal. I agree to assume all ri i. The Hurst Animal Shelter nection with this pet and its	sk and respons shall be held h	ibility of ownership
Signature of Adopter		 Date		
Signature of Shelter St	aff	 Date		



STERILIZATION AND VACCINATION AGREEMENT

Date:					
Adopter's Nam	ne:				
Breed:	d: Color:				
Sex:	Age:	Animal ID#:			
vaccinated aga Shelter within	inst RABIES, and will preseven (7) days of these prabies upon reaching th	that I will have the above described animal SEXUALLY STERILIZED , sent proof of sterilization and rabies vaccination to the Hurst Animal rocedures being done. Adopted kittens and puppies must be age of four (4) months and must be sterilized upon reaching a weight			
respectively, o		nd sterilization of this pet is required under Chapters 826 and 828 y Code. Violation of these requirements is a criminal offense			
signed and dat than seven (7) Confirmation o Animal Shelter	ed by the veterinarian w days after the date the portion of Rabies Vaccination:	s the adopter, I shall deliver to the Hurst ned and dated by the veterinarian who administered the vaccination			
deliver to the s		pet dies or is lost before the sterilization completion date, I must cribing the circumstances. This letter must be delivered no later than opearance.			
		ON MUST BE COMPLETED BY: ***This applies only if the animal the time of adoption for these procedures to be performed.			
RABIES COMP	LETION DATE:				
STERILIZATION	N DATE:				
vaccination for	the above animal if the	ons for failure to provide confirmation of sterilization and/or e requirements are not completed by the above dates. I agree to pay d by the City of Hurst in enforcing this contract.			
Signature of A	Adopter	Signature of Shelter Staff Member.			